

# **APPLICATION FOR LICENSE**

## **APPRENTICE**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

### **OIL AND SOLID FUEL BOARD**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8672  
Hearing Impaired: 1-888-577-6690  
Website: [www.MaineProfessionalReg.org](http://www.MaineProfessionalReg.org)

Office located at: 122 Northern Avenue, Gardiner, Maine

# **APPLICATION INSTRUCTIONS**

## **Apprentice**

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

**APPRENTICE LICENSE:**

- License application and payment for \$80.00 (Make Checks Payable to: Treasurer State of Maine)
  - \$40.00 License Fee
  - \$25.00 Application Fee
  - \$15.00 Criminal Background Check Fee

**TEMPORARY APPRENTICE LICENSE:**

- License application and payment for \$25.00

Incomplete applications will be returned.

**CRIMINAL BACKGROUND CHECK** - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

Date

**APPRENTICE APPLICATION**  
 STATE OF MAINE  
 DEPT OF PROFESSIONAL & FINANCIAL REGULATION  
 OFFICE OF LICENSING AND REGISTRATION  
**OIL AND SOLID FUEL BOARD**  
 35 STATE HOUSE STATION  
 AUGUSTA, ME 04333  
 TEL: (207)624-8672 FAX: (207)624-8636  
 HEARING IMPAIRED: 1-888-577-6690

Office Use Only
Lic. #: _____
Auth: _____
Issued: _____
Expires: _____
Cash #: _____ 4320

**TYPE OF LICENSE APPLYING FOR**

<input type="checkbox"/> <b>Apprentice License:</b> An apprentice license is required when assisting in making oil/solid fuel burner installations, repairs, servicing and cleanings of oil/solid fuel burning equipment. License Fee: \$ 40.00 (1435) Application Fee: \$ 25.00 (1446) Criminal Background Check Fee: \$ 15.00 (2619) <b>TOTAL DUE: \$ 80.00</b>	<input type="checkbox"/> <b>Temporary Apprentice License:</b> A temporary apprentice license is required for licensed master and journeyman technicians to gain licensed experience to qualify them for an additional license authority.  Application Fee: \$25.00 (1446)
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<b>PAYMENT OPTIONS:</b> <input type="checkbox"/> Check or Money Order Payable to "Treasurer State of Maine". <input type="checkbox"/> Credit Card: MasterCard or VISA Only. Complete the following: I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Exp. Date ____/____ in the amount of \$ _____. Signature _____
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**LICENSE AUTHORITY**

<input type="checkbox"/> 1 & 2 Oils up to 15 GPH <input type="checkbox"/> 1 & 2 Oils over 15 GPH <input type="checkbox"/> 4, 5 and 6 Oils <input type="checkbox"/> 1-6 Oils <input type="checkbox"/> Solid Fuel	<input type="checkbox"/> 1 & 2 Oils up to 15 GPH/Solid Fuel <input type="checkbox"/> 1 & 2 Oils over 15 GPH/Solid Fuel <input type="checkbox"/> 4, 5 and 6 Oils/Solid Fuel <input type="checkbox"/> 1-6 Oils/Solid Fuel
<b>NOTE: The authority of the signing master must be equal to or greater than that of the applicant.</b>	

**GENERAL INFORMATION**

<b>NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.</b> This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.		<b>SOCIAL SECURITY NUMBER.</b> The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.	
Name of applicant: _____			
Contact address: _____			
City: _____	State: _____	Zip Code: _____	County: _____
Social Security Number: _____		Date of Birth: _____	
Home Telephone: (____) _____ - _____		Work Telephone: (____) _____ - _____	

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No  
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Any other names used:

Have you ever held any type of Oil and/or Solid Fuel license in this state or any other State?  
☐Yes ☐No  
If yes, please specify state, type of license, license number and when license was issued.

**CERTIFICATE OF SUPERVISION  
TO BE COMPLETED BY SUPERVISING MASTER**

**THE MASTER IS RESPONSIBLE FOR NOTIFYING THE OIL AND SOLID FUEL BOARD WHEN THE APPRENTICE IS NO LONGER UNDER HIS SUPERVISION OR RESPONSIBILITY. FAILURE TO NOTIFY THE BOARD CONSTITUTES A VIOLATION OF BOARD RULE.**

Name of Supervising Master:

License Number:

License Authority (i.e., 1 & 2 Oil up to 15 GPH):

Social Security Number:

Company Mailing Address of Supervising Master:

City:

State:

Zip Code:

Company Telephone Number:

Company Fax Number:

**THE MASTER, BY HIS SIGNATURE, AFFIRMS RESPONSIBILITY OF THE APPLICANT'S WORK ETHICS AND WORKMANSHIP.**

Signature of Supervising Master:

Date:

**I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date